PATENT APPLICATION FEE DETERMINATION RECORD Effective January 1, 2003

Application or Docket Number
02931-Po061-A

Patient and Trademerk Office, U.S. DEPARTMENT OF COMMERCE

		CLAIMS AS	FILED - (Column		(Column 2)			SMALL ENTITY TYPE			OTHER THAN OR SMALL ENTITY	
TOTAL CLAIMS			44				F	RATE	FEE		RATE	FEE
FOR			NUMBER FILED		NUMBER EXTRA			BASIC FEE	375.00	OR	BASIC FEE	750.00
TOTAL CHARGEABLE CLAIMS			4 minus 20=		.24			X\$ 9=		OR	X\$18=	432
INDEPENDENT CLAIMS			aminus 3 =					X42=		OR	X84 ≈	
MU	LTIPLE DEPEN	IDENT CLAIM P	RESENT	NT D				+140=		OR	+280=	
* If	the difference	in column 1 is	less than ze	ero, enter	"0" in c	"0" in column 2		TOTAL		OR	TOTAL	1182
CLAIMS AS AMENDED - PART II											OTHER	
3	11-05	(Column 1)	,	(Colur		(Column 3)		SMALL	ENTITY	OR	SMALL	ENTITY
AMENDMENT A		CLAIMS REMAINING AFTER AMENDMENT		HIGH NUM PREVIO PAID	BER OUSLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
	Total	. 43	Minus	***	4	= _		X\$ 9=		OR	X\$18=	
AME	Independent	* <u>2</u>	Minus	***	3	-		X42=		OR	X84=	
-	FIRST PRESE	NTATION OF M	ULI IPLE DE	PENUENI	CLAIM		, [+140=		OR	+280=	
							_	TOTAL ODIT, FEE		OR	TOTAL ADDIT. FEE	
(Column 1) (Column 2) (Column 3)												
AMENDMENT B		CLAIMS REMAINING AFTER AMENDMENT		HIGH NUM PREVK PAID	BER OUSLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
	Total	*	Minus	**	•	=		X\$ 9=		OR	X\$18=	,
	Independent	*	Minus	***		=]	X42=		OR	X84=	
	FIRST PRESE	NTATION OF M	ULTIPLE DE	ILTIPLE DEPENDENT			J	+140=		OR	+280=	
							Ļ	TOTAL		OR	TOTAL	
								ODIT. FEE		JOH	ADDIT. FEE	L
_		(Column 1) CLAHMS		(Colui		(Column 3)	1 -			l I		
AMENDMENT C		REMAINING AFTER AMENDMENT		NUM PREVIO PAID		PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
2	Total	*	Minus	**		=	\prod	X\$ 9=		OR	X\$18=	
ME	Independent	*	Minus	A#A		=	11	X42=		OR	X84=	
广	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM										ļ	
	If the entry in coh-	ımn 1 kelpee ihan i	he entry in col	ama 2 write	a Maria	kuma 3.	L	+140=		OR	+280≠	
* If the entry in column 1 is less than the entry in column 2, write "0" in column 3. ** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20." ***If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3."								TOTAL DOIT. FEE		OR	TOTAL ADDIT. FEE	
"	The "Highest Nu The "Highest Nur	imber Previously Pa inber Previously Pa	and For IN TH aid For (Total o	ns space or independ	is less tha lent) is the	ın 3, enter "3." • highest numb			propriete bo			